

FY 2010 Community Revenue Sharing Program

APPLICATION FORMS

Filing Deadline: June 1, 2009



**State of Alaska
Sarah Palin, Governor**

**Department of Commerce, Community,
and Economic Development
Emil Notti, Commissioner**

**Division of Community and Regional Affairs
Tara Jollie, Director**



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Division of Community & Regional Affairs

Sarah Palin, Governor
Emil Notti, Commissioner
Tara Jollie, Director

Dear Municipal Official:

The Division of Community and Regional Affairs (DCRA) is pleased to provide you with the attached FY 10 Community Revenue Sharing Program application. **To participate in the FY 10 Community Revenue Sharing Program, this application must be completed and returned to the Department, postmarked no later than June 1, 2009.**

The application consists of two pages. Page one, or the cover sheet, provides several questions that must be answered in order to determine whether the city meets the minimum qualifications for funding as required by law. Page one also provides a "certification and assurances" statement that must be signed by either the mayor, manager, or administrator of the city. Page two consists of a FY 10 Community Revenue Sharing Program budget form. The budget form, which provides an estimate of the city's FY 10 Community Revenue Sharing payment, must be completed and returned with the application cover sheet.

In addition to the completed application, each city must submit to the DCRA a copy of its approved FY 10 city budget (2009 budget for cities operating on a calendar fiscal year) and FY 08 audit or certified financial statement. However, if you have already submitted these documents to the DCRA, you do not have to submit them again.

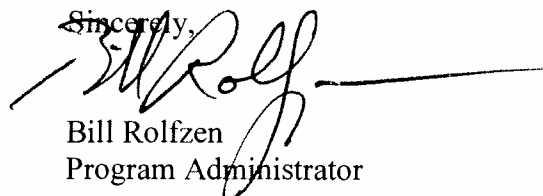
The completed FY 10 Community Revenue Sharing application, FY 10 city budget, and FY 08 audit or certified financial statement should be submitted to:

Division of Community and Regional Affairs
Community Revenue Sharing Program
P.O. Box 110809
Juneau, AK 99811

Please be aware that funding for the Community Revenue Sharing Program will decline substantially in future years if the Legislature decides not to appropriate additional monies into the Community Revenue Sharing Fund. For example, with no further appropriation, payments will decline by over 33% in FY 11, 55% in FY 12, and no funding will be available for distribution in FY 13.

Should you have any questions regarding the FY 10 Community Revenue Sharing Program, please feel free to call me at 907-465-4733.

Sincerely,



Bill Rolfzen
Program Administrator

P.O. Box 110809, Juneau, Alaska 99811-0809
Telephone: (907) 465-4751 Fax: (907) 465-4761 Text Telephone: (907) 465-5437
Email: questions@alaska.gov Website: <http://www.commerce.state.ak.us/dcra/>

FY 2010 COMMUNITY REVENUE SHARING PROGRAM APPLICATION COVER SHEET

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Name of Municipality

Date

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Mailing Address

	907-
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City, State, Zip Code

Phone

“Minimum Qualifications”	Yes	No	Not Applicable
a. Did your municipality successfully conduct its most recently scheduled local regular election?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are regular meetings of the governing body held in accordance with local code and a record of the proceedings maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have your municipality’s ordinances been codified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If the municipality levies and collects property taxes, has the municipality provided the Taxpayer Notice required by AS 29.45.020?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If the borough levies and collects only a sales and use tax, has the borough provided the Taxpayer Notice required by AS 29.45.660?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“Certification and Assurances”

The applicant certifies that to the best of my knowledge and belief, the information contained in this application is true and correct and the applicant agrees to comply with the laws and regulations which are used to administer Community Revenue Sharing Program funds.

Mayor, Manager or Administrator
Printed Name

Mayor, Manager or Administrator
Signature

FY 2010 Community Revenue Sharing Budget Form

(Name of Municipality)

Please describe below how your municipality proposes to use its estimated FY 2010 Community Revenue Sharing payment.

FUEL	\$ _____
ELECTRICITY	\$ _____
INSURANCE	\$ _____
EDUCATION	\$ _____
WATER/SEWER	\$ _____
PUBLIC SAFETY	\$ _____
FIRE	\$ _____
ROAD MAINTENANCE	\$ _____
HARBORS	\$ _____
HEALTH	\$ _____
LOCAL TAX RELIEF	\$ _____
GENERAL ADMINISTRATION	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
ESTIMATED PAYMENT	\$ _____